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MICHAEL P. CANTARA
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DIRECTOR

BOARD OF EMS MEETING
FEBRUARY 1, 2006
9:30 AM
SFMO FLORIAN HALL

MINUTES (FINAL)

Board Members: Steve Leach, (chair), Wayne Werts (chair-elect), John Alexander, Alan Azzara, Bob Ashby, Oden Cassidy, Peter DiPientranantonio, Richard Dougherty, Kevin Kendall, Paul Knowlton, Carol Pillsbury, Roy Woods, Steve Diaz (ex-officio)

Regional Coordinators: Joanne LeBrun, Rick Petrie, Bill Zito

Maine EMS Staff: Jay Bradshaw, Dawn Kinney, Drexell White, Ben Woodard

Guests: Rick Cheverie, Bangor Fire Dept., Robert Tarbox, PACE Ambulance

- 1) Introductions – none necessary
- 2) Approval of January 4, 2006, meeting minutes

MOTION: To approved the minutes of the January 4, 2006, meeting as distributed. (Kendall; seconded by Knowlton) Unanimous.

- 3) Old Business – none at this time
- 4) New Business
 - a) Operations Team – The Ops team met on Jan 31 to discuss, among other things, a survey of AVOC-trained EMTs, the electronic run report system (MEMSRR), and the upcoming Ops/Staff retreat. The retreat is planned for later in January and will focus on improving communications and prioritizing projects for the coming year.
 - b) Investigation Action Items

MOTION: To ratify the January 23, 2006, minutes of the Investigations Committee (Kendall; second by Azzara). Unanimous.

- c) Education Action Items – none at this time

- d) Board Policies – the Board discussed the policies that were previously distributed and the intention of having operating policies for the Board. It was requested that Jay survey other state EMS offices to ascertain what examples of Board policies may be in place – and Dr. Diaz agreed to draft for the March meeting a document separating Board by-laws from Board policies. To codify the purpose of the Board and establish annual goals. It was also noted that there should be a standing committee that would regularly review and update the By-Laws. The committee will consist of: Drs. Alexander and Diaz, Carol Pillsbury, Roy Woods, and Jay Bradshaw.

The suggestion of a Board retreat was also discussed, but no action was taken.

Also discussed was the importance of a Conflict of Interest Policy and Disclosure Statement including disclosing potential conflicts as part of questions/discussions for the benefit of those present. Joanne offered to provide a sample of such a disclosure form.

- e) Legislative Update – MEMS is still monitoring a bill that would change the DNR form. Staff has been participating in a work group that would keep the DNR current language and physician signature, while making the document more readily available. The Board was unanimous in its concern that DNR not become incorporated into and advanced directives document as the two are significantly different – and the DNR format must remain such that it is easily identified by EMS crews in an emergency.

There is another bill being considered that would provide health care insurance to retiring firefighters and EMS providers in the interim between their leaving employment and the beginning of Medicare coverage. As drafted, this would only be available to public sector employees. The bill has widespread support, but also has a significant fiscal note attached.

- f) Phase 1 EMS Study Report – this session began at 1:00 PM, but it recorded here to align with the agenda.

Additional attendance for the afternoon session: Janet Richards, Bill Dunwoody, Dan Palladino, Kelly Roderick, Rick Cheverie, Brian Mullis, Jeff Rowe, Donnie Carroll, Ron Jones, Paul Conley, Mike Carroll, Pret Bjorn, Jonathan Ward, Scott Dunbar, Bill Cusik, Roger Audette, Alan Douglass, Dan Batsie

Steve Leach welcomed those present and Jay began the session with a summary of the activity to date and the Phase 1 report that was previously discussed. It was noted that the recommendations as printed reflect considerable discussion by each work group and in all but a few cases reflects the consensus of the group. Two areas of note where this was the case include the regional offices and placing funding as a medium priority.

With regard to the regional offices, it was noted that the Regulation and Policy work group focused on the core elements of a successful EMS system and that the matter of regional offices would be part of an

implementation design and not core function design. There were several representatives from regional offices who expressed concern that those offices were not mentioned as part of the core functions.

The comments on funding prioritization also followed along the same lines as the discussion at the work group, and was divided between those that thought securing funding must be an immediate priority and those who thought that it would be more beneficial to the statewide system to only seek additional funding after other structural and operational changes had been thoroughly discussed and designed.

It was the consensus of the Board that the discussion of the second phase work groups and process should be an agenda item for the March meeting and requested that Jay develop a table of the high priority items and provide a summary of what steps would be needed to accomplish these recommendations (e.g. law change, rule change, funding, staffing, etc.)

g) Other

- i) Aroostook EMS Medical Director – Chief Woods presented the request from Aroostook EMS to approve Dr. Jay Reynolds as the Region 5 Medical Director. Dr. Reynolds has been very active in AEMS QI efforts and is highly recommended by the Council.

MOTION: To approve the appointment of Dr. Jay Reynolds as the Medical Director for Aroostook EMS. (Kendall; second by Azzara) Unanimous with 1 abstention (Woods).

Steve Leach will draft a letter thanking Dr. Collamore for her years of service in that capacity.

5) Staff Reports

- i) MEMS – Jay reported that Dwight Corning has submitted his resignation from MEMS, effective February 28, 2006. Dwight will continue his full time employment at PACE Ambulance, but will also be pursuing other new career interests.

Board members extended their appreciation to Dwight for his years of service as both a Board member and MEMS staff.

The process to fill this upcoming vacancy is underway.

Jay also reported that David Kingdon, MPH, EMT-P, has been hired as the Emergency Medical Dispatch Coordinator and will begin on March 6.

As part of the federal budget for FY2006, funding for the Trauma-EMS Grant has been eliminated. This grant has been used in Maine to support the Trauma Advisory Committee, including staff support, and the videoconferencing network.

The Rural AED project has also been drastically cut – from ~ \$9.5 million to \$1.5 million. As such, it is likely that this is the last year Maine will participate in the project that has provided hundreds of AEDs to rural responders and trained thousands in CPR and AED use. However, through the end of CY 2006, EMS services and municipalities are still able to purchase DefibTech AEDs at a significantly reduced price.

MEMS has recently purchased a 35' recreational vehicle that will be retrofitted as a mobile classroom for the human patient simulator project that will be conducted by LifeFlight of Maine. It is hoped that the details of turning the RV and HPS over to LOM will be concluded in the coming weeks and that training will begin later in the Spring. Dr. Alexander spoke about the HPS system and suggested that a demonstration for Board members would be beneficial. Jay will work on this with LOM.

- ii) MDPB – The MDPB did not meet in January due to a number of scheduling conflicts. At the February meeting, the MDPB is scheduled to: get an update on disaster protocols; have an update on the medical director/online medical director training program; have a training session on the EZ I/O drill.

Work on the Paramedic Interfacility Transfer Protocols is continuing. Typically April is the month when PIFT changes are discussed, but that will not be needed this year; May is for Protocol changes, also probably not needed this year; and June is the meeting to set the annual goals for the next fiscal year. The interest in an MDPB retreat will be discussed.

QI Committee – Dr. Diaz reported that a letter regarding the airway QI form will be forthcoming as will a draft report format that can be utilized for future QI reports. The next project will be to gather information on 12 lead EKGs including: equipment availability, education, and quality improvement.

6) Other -

Meeting adjourned at 3:00 PM next meeting scheduled for Wednesday, March 1, 2006 @ 9:00 AM.